

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN2351AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEE HIVE HOMES OF LOVELOCK, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>575 FARM DISTRICT ROAD FERNLEY, NV 89408</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 6/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was ten. Ten resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 253 SS=F	449.217(4) Adequate Supplies of Food  NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.  This Regulation is not met as evidenced by: Based on observation and interview on 6/9/09, the facility failed to provide at least a 2-day supply of fresh food in the facility.	Y 253		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 253	Continued From page 1  Severity: 2      Scope: 3	Y 253		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal  NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.  This Regulation is not met as evidenced by: Based on record review and interview on 6/9/09, the facility failed to ensure that 2 of 10 residents' physicians were notified within 12 hours of a missed or refused dose of medication (Resident #1, and #8).  Severity: 2      Scope: 1	Y 883		
Y 936 SS=F	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations	Y 936		

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Y 936	<p>Continued From page 2</p> <p>adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/9/09, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3) which affected all residents.</p> <p>Severity: 2 Scope: 3</p>	Y 936			

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